

Children and Domestic Violence: An Information Packet



North Carolina Council for Women and
Domestic Violence Commission

Children and Domestic Violence: An Information Packet

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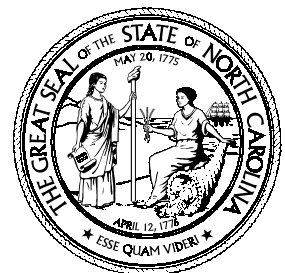
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A child witness to domestic violence drew the picture on the front cover. The child participated in the Domestic Abuse Project Children's Program in Minneapolis, MN. It is used with permission from the Minnesota Domestic Abuse Project (www.domesticabuseproject.org)

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Domestic Violence: A Serious Issue for Children

Domestic Violence is a serious social, legal and public health problem that affects millions of families each year in this country. National statistics suggest that 4 million American women experience a serious assault by an intimate partner each year¹ and that nearly one in three adult women experience at least one physical assault by a partner in adulthood². While in 92% of all domestic violence incidents, crimes are committed by men against women³, males can also be victims of domestic violence as many families are unique and no longer represent "traditional" models. Additionally, violence by an intimate partner accounts for about twenty-one percent (21%) of violent crime experienced by women and about two percent (2%) of the violence experienced by men.⁴

In many of the homes where domestic violence occurs, children are present; some of those homes are here in North Carolina. In the 2000-2001 fiscal year, more than 41,000 new victims of domestic violence received services from state funded domestic violence programs in their communities; of this number, more

¹ *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends*, US Department of Justice, March, 1998.

² American Psychological Association Presidential Task Force: *Report on Violence and the Family*, 1996, p. 10.

³ *Violence Against Women*, Bureau of Justice Statistics, US Department of Justice, January 1994.

⁴ *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends*, US Department of Justice, March, 1998.

than 1,200 victims were children.⁵ This figure only represents the number of victims and children who actually sought services; we know that many victims and children are not able to seek help at all and are not counted in our statistics.

And, nationally, an estimated 3.3 million children are exposed to violence by family members against their mothers or female caretakers each year.⁶ Statistics suggest that children are present in forty-one percent (41%) to fifty-five percent (55%) of homes where police intervene in domestic violence calls.⁷ Additionally, slightly more than half of female victims of intimate violence live in households with children under the age of twelve (12) years old.⁸



⁵ NC Council for Women Service Statistics, July 1, 2000 – June 30, 2001

⁶ American Psychological Association Presidential Task Force: *Report on Violence and the Family*, 1996, p. 11.

⁷ Ford, Sherry. “Domestic Violence: The Great American Spectator Sport”, Oklahoma Coalition on Domestic Violence and Sexual Assault, July/August, 1991, p. 3.

⁸ *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends*, US Department of Justice, March 1998.

CHILDREN AND DOMESTIC VIOLENCE: A Fact Sheet

- ❖ **Each year, 3.3 million children are exposed to violence by a family member against their mothers or female caretakers.** (American Psychological Association's Report on Family Violence, 1996)
- ❖ **Child abuse occurs in 30% - 60% of family violence cases that involve families with children.** ("The overlap between child maltreatment and woman battering." J.L. Edleson, Violence Against Women, February 1999)
- ❖ **In homes where partner abuse occurs, children are 1,500 times more likely to be abused.** (Department of Justice, Bureau of Justice, 1993)
- ❖ **Fathers who batter mothers are twice as likely to seek sole physical custody of their children than are non-violent fathers.** (American Psychological Association's Report on Family Violence, 1996)
- ❖ **In one study, 27% of domestic violence homicide victims were children.** (Florida Governor's Task Force on Domestic and Sexual Violence, Florida Mortality Project, 1997, p.45)
- ❖ **In the 2000-2001 fiscal year, more than 1,200 children received services from domestic violence programs in North Carolina.** (NC Council for Women and Domestic Violence Commission)

Research findings from the past two decades have documented children's exposure to domestic violence as well as studied the impact of that exposure. The results of the research have sometimes been conflicting and confusing, and determining whether, and to what extent, children are impacted by witnessing violence in their homes has been particularly challenging. What is clear, however, is that of the children who are exposed to domestic violence, a significant number of them are profoundly impacted producing short-term and sometimes long-term effects.

The purpose of this packet is to provide a basic introduction to the issue, to provide general information about the effects of domestic violence on children, and to refer readers to additional resources and information that may be helpful. While research findings are referenced and cited, much of the information contained in this packet is anecdotal and relies heavily on information obtained from working directly with child observers and adult victims of domestic violence. This packet is designed for use by domestic violence and children's advocates interested in gaining a greater awareness and basic understanding of the ways in which children may be affected by violence in their homes.

For a more comprehensive literature review and explanation of research findings, you may access publications by authors/researchers such as Gayla Margolin and Robert Geffner, Peter Jaffee and Marlies Suderman, in works such as "Effects of Family & Community Violence on Children" and "Children Exposed to Domestic Violence: Current Issues in Research, Intervention, Prevention and Policy Development".

How Are Children Abused in Domestic Violence?

Children may be abused in a variety of ways by living in and being exposed to domestic violence in their homes. As direct victims of child abuse or neglect, many children exposed to domestic violence often experience not only the trauma of seeing and hearing their caretaker being battered by another caretaker, but also the effects of being physically and/or sexually abused themselves. Children are often "pawns" in domestic violence. The power and control issues at the core of abusers' interactions with their adult victims are often present in the dynamics between abusers and their children; the tactics employed by an abuser against his/her adult partner are often replicated with the children.

Children are at risk both while living with, and when separated from, their abusive parents. Batterers abuse their children for a variety of reasons: 1) to coerce the abused parent into complying with their demands (e.g. reconcile, dismiss the domestic violence protective order, etc.), 2) to establish and maintain control over children in an effort to maintain a position of authority and control over the abused parent within the family structure (e.g. to be seen as the only parent figure, undermining the parental role of the battered parent), and/or 3) to intentionally inflict harm on the children. Domestic abuse is not only harmful to the adult victim and supports an imbalance of power in the family that can be destructive, but also directly harms the children.

Tactics Used in the Abuse of Children

Abusers use children in an effort to hurt, manipulate and further control their adult partners.

Some tactics used in intact relationships:

- Undermining the authority or parenting of the battered parent
- Criticizing the battered parent in front of the children
- Interfering with the battered parent meeting the needs of the children
- Destroying the children's respect for the battered parent
- Assaulting or abusing the children's parent after arguing about them and/or issues related to the children
- Blaming the violence and abuse on the battered parent
- Buying presents and making promises of change to children, battered parent
- Manipulating them emotionally, getting them to feel sorry for him/her
- Forcing the children to "take sides"
- Putting the children in the middle - physically and/or emotionally
- Threatening or actually hurting, abducting and/or killing the children
- Threatening to sue for custody
- Threatening to make a false report to child welfare services

Some tactics used after separation:

- Blaming his/her absence on the battered parent
- Encouraging the children to pressure the battered parent to reconcile
- Using the children to carry messages
- Forcing the children to "spy" and report on the battered parent
- Returning the children from visitation in poor condition
- Using issues related to the children to further harass the battered parent
- Becoming "super parent" in attempt to present self as "better parent"
- Choosing one child over another/ "pitting" children against one another
- Retaliating through excessive custody and visitation court filings/cases
- Manipulating child visitation "pick up" and "drop off" times and locations
- Emotionally and physically neglecting or abusing children during visitation
- Failing to pay child support or withholding support for children's needs
- Demanding access to children's health, school, daycare records to "track down" the location of the battered parent (especially if hiding or relocated)

Domestic Violence: A Problem For Children

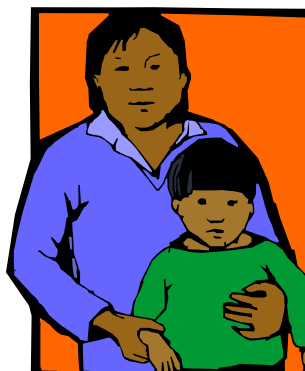
Children exposed to domestic violence are impacted differently. Some child observers are impacted psychologically, emotionally and/or physically sometimes exhibiting effects both short and long term. Some child observers possess individual protective factors, and/or situational factors contribute to their resiliency and the development of healthy coping techniques.

The degree to which children are impacted by domestic violence may be influenced by individual characteristics such as age and gender. Additionally, environmental factors such as children's proximity to the violence, the severity and chronicity of the violence witnessed, and the co-existence of child abuse or neglect may influence whether children are traumatized and to what degree. There are also certain individual and situational factors that also potentially enhance and contribute to child observers' resiliency.

While these factors are not absolute indicators of whether a child will be exposed to the violence, whether a child will be more effected at age seven than at age three, or whether a juvenile will engage in delinquent activity, there is empirical data to suggest that these factors may influence how children are impacted by domestic violence in their homes.

Exposure to domestic violence usually includes seeing a violent incident, hearing physical and verbal abuse, witnessing the aftermath of an altercation such as broken furniture and destroyed property, observing the physical injuries of the battered parent, and suffering the consequences of other controlling and abusive tactics which result in child maltreatment and neglect. "Many parents minimize or deny the presence of children while the mothers are being assaulted; however, interviews with children of battered women reveal that they have seen and heard, and can describe, detailed accounts of violent behavior that their mother or father never realized they have witnessed." ⁹

Children of domestic violence often suffer physical injuries, stress-related health disorders related to chronic maltreatment in families experiencing interparental violence. Additionally, child witnesses may lack problem-solving skills and impulse control, may lack social skills, may be immature and may act out with their parents, siblings and peers.

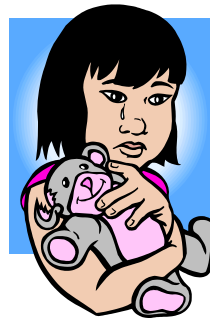


⁹ Jaffe, P, Wolfe, D. and S.K. Wilson. Children of Battered Women. (1990)

Effects of Witnessing Domestic Violence

PSYCHOLOGICAL EFFECTS

Children who are exposed to domestic violence are often affected psychologically. Child observers may experience developmental delays, sleeping and eating disorders, psychosomatic symptoms and/or cognitive delays and disabilities. Children's normal developmental patterns may be disrupted, resulting in impaired cognitive, emotional and/or behavioral adjustment, as found among children who chronically witnessed abuse.¹⁰ Additionally, children as young as one year began to regress into states later diagnosed as "mental retardation" when exposed to parental hostilities...¹¹ Exposure to domestic violence has also been linked with social competence problems¹², impairing their abilities to empathize,¹³ and to the development of extreme approaches to problem solving¹⁴.



¹⁰ "Fact Sheet on Children of Men Who Batter", compiled by the National Organization for Men Against Sexism, 1993, p. 2.

¹¹ Hilton, N. Zoae, "Battered Women's Concerns About Their Children Witnessing Wife Assault", *Journal of Interpersonal Violence*, Vol. 7, No. 1, March 1992: 77-86.

¹² Wolfe, D.A., Zak, L., Wilson, S. & Jaffe P. (1986). Child witnesses to violence between parents: Critical issues in behavioral and social adjustment. *Journal of Abnormal Child Psychology*, 14, 95-104.

¹³ Hinchey, F.S., & Gaveleck, J.R. (1982). Empathetic responding in children of battered mothers. *Child Abuse and Neglect*, 6, 395-401.

¹⁴ Rosenberg, M.S. (1987). The children of battered women: The effects of witnessing violence on their social problem-solving abilities. *Behavior Therapist*, 4, 85-89.

Additionally, among preschoolers, Davidson, Alessi and Hearn¹⁵ noted that "(they) often experience insomnia, sleepwalking, nightmares and bed wetting...as well as regressing to earlier stages of functioning." Children exposed to domestic violence also suffer from impulsivity, depression and poor self-esteem. Child observers may suffer psychological damage in the form of: 1) immediate trauma, 2) adverse affects on their development, 3) living with high stress and fear, and 4) exposure to role models that utilize violence and abuse.¹⁶ Children may exhibit short-term, crisis induced and long-term, chronic symptoms of witnessing domestic abuse.

"Exposure to parents' violence has both immediate effects, as seen in transient distress symptoms, and chronic effects, such as major symptoms of psychopathology and the extension of relationship patterns into the next generation."¹⁷ Short-term effects of witnessing interparental abuse may include nightmares, psychosomatic complaints, and adjustment issues and long-term effects include chronic illness, juvenile delinquency and dating violence.

¹⁵ Hilton, N. Zoe, "Battered Women's Concerns About Their Children Witnessing Wife Assault", *Journal of Interpersonal Violence*, Vol. 7, No. 1, March 1992: p. 77-86.

¹⁶ "The Effects of Woman Abuse on Children" Psychological and Legal Authority" Second Edition. National Center on Women and Family Law, Inc., 275 Seventh Ave., Ste 1206, New York, NY 10001.

¹⁷ Margolin, Gayla, "Effects of Family and Community Violence on Children".

PSYCHOLOGICAL AND COGNITIVE EFFECTS*

Developmental Delays

Impaired Speech (stuttering, poor verbal development)
Delayed crawling or walking
Impaired reflexes and responses
Learning disabilities
Mental retardation
Poor motor skills

Eating Disorders

Anorexia
Bulimia Nervosa
Compulsive overeating

Sleeping Disorders

Insomnia
Nightmares and Night terrors
Sleepwalking

Anxiety Disorders

Post Traumatic Stress Disorder symptoms
Panic attacks
Separation anxiety
Phobias

Regressive Behaviors

Bed-wetting
Thumb sucking
Immature actions, gestures
Using physical expression exclusively

Cognitive Problems

Poor problem solving skills
Lacks concentration / impulsive
Excessive fantasy in play

*These symptoms are not separately indicative of exposure to domestic violence but, when combined, may create a cause for concern.

EMOTIONAL EFFECTS

Children may be affected differently from being exposed to domestic violence. Some research suggests that the effects of exposure to domestic violence are similar to the effects of child abuse. Some children may withdraw and become reclusive while other children become overtly hostile and aggressive. Children may react differently to the violence employing a variety of coping techniques, some healthy and some not, many as techniques for survival. Some feelings that are common among child observers are guilt, helplessness, fear, confusion, sadness and anger. They may be ill equipped or reluctant to discuss feelings because they have been discouraged from talking about the violence in their homes or, over time, have become apathetic or desensitized to the abuse.

Sometimes, feelings of frustration and fear are expressed through aggressive behaviors either towards others or themselves. Some children withdraw and become emotionally "numb." Still other children become overachievers and often devote their attention to areas of their lives over which they feel they have some degree of control (e.g. academics, athletics, arts and crafts, etc.). In one study, behavioral problems were reported in one-third (1/3) of the children of spouse-abuse couples.¹⁸

¹⁸ Hilberman, E. and Munson, K. (1977-78). "Sixty Battered Women." *Victimology: An International Journal*, 2, p. 3-4.

Child Observers

Possible Reactions:

Aggressive, Violent or Abusive	OR	Passive
Extraverted	OR	Reclusive/Withdrawn
Homicide	OR	Suicide
Underachiever	OR	Overachiever
Inattentive	OR	Perfectionist/"Pleaser"

(NOTE: Children may exhibit reactions consistent with one or both of these categories at different stages in their development and in relation to exposure)

Possible Unhealthy Coping Techniques:

Using Drugs and/or Alcohol

Becoming Emotionally Detached or "Numb"

Denying / Avoiding

Dating and/or Sexual Activity At Early Age

Being Truant

Running Away

Hurting Self (Self-Mutilation)

Destroying Property

Hurting Siblings or Pets

Engaging in Risk Taking Behaviors

Abusing Food / Developing Eating Disorder

Neglecting Personal Hygiene

Child observers may mature faster by assuming adult roles and responsibilities. Other children mature slower as a result of poor interpersonal skills and an inability to cope with common stress factors; child observers may also have difficulties establishing healthy boundaries. They may deny the abuse, feel guilty about "choosing sides" or may feel responsible for causing or not stopping the abuse. Exposure to domestic violence has been associated with internalizing and externalizing problems¹⁹ and aggression and difficult temperaments²⁰. Child observers may also suffer from low self-esteem and may have little trust of or respect for adults and authority figures. "There is a growing literature indicating that children exposed to wife assault experience such internalizing problems as withdrawal and depression and such externalizing problems as aggressiveness, argumentativeness, and hyperactivity."²¹



¹⁹ McCloskey, L.A., Figueredo, A.J. & Koss, M.P. (1995). The effects of systemic family violence on children's mental health. *Child Development*, 66, 1239-1261.

²⁰ Holden, G.W., & Ritchie, K.L. (1991). Linking extreme marital discord, child rearing, and child behavior problems: Evidence from battered women. *Child Development*, 62, 311-327.

²¹ Jaffe, P., Wolfe, D, Wilson, S.K. & Zak, L. (1986b). Family violence and child adjustment: A comparative analysis of girls' and boys' behavioral symptoms. *American Journal of Psychiatry*, 143, 74-77.

EMOTIONAL AND BEHAVIORAL EFFECTS*

Externalizing

Aggressiveness / Bullying
Violence directed at others (assault, homicide)
Blaming or Projecting onto others
Anxiousness

Internalizing

Withdrawing
Becoming Passive
Becoming Clingy / dependent
Self-destructive behaviors (violence toward self)
Detached or "Numb"

Interpersonal Skills

Poor communication skills
Unable to compromise / negotiate
Resolves conflict with violence only
Poor judgment / irresponsibility
Unhealthy coping methods
Routine problems exaggerated
Poor perception
Modeling abusive or violent behaviors

Self Image

Feelings of helplessness
Low self-esteem
Feelings of insignificance
Believe cause of violence
See self as failure
Feelings of self-hatred

*These symptoms are not separately indicative of exposure to domestic violence but, when combined, may create a cause for concern.

EMOTIONS OF CHILD OBSERVERS

FEAR:

- That their mom/dad will be hurt or killed
- That they and/or their siblings will be hurt or killed
- That they should tell someone but don't want to make it worse
- That if they tell, the battering parent won't love them anymore

ANGER:

- Angry with the battering parent
- Angry with the parent who is being abused
- Angry with siblings and/or other family members
- Angry with themselves for not stopping the violence

CONFUSION:

- They may love and hate the battering parent
- They may not know what causes the violence or how to stop it
- They may be confused about whether it is abuse at all

GUILT:

- Guilty because they believe they are the "cause" of the violence; it's their fault
- Guilty because they believe they should intervene but sometimes don't
- Guilty about using unhealthy coping mechanisms to "feel better" or "escape"
- Guilty about being angry with the parent who is being abused and siblings

HELPLESSNESS:

- Helpless to stop the violence
- Helpless to escape the abuse permanently
- Helpless to get help for themselves, the batterer, the abused parent, siblings
- Helpless to choose differently for themselves (as they become adults)

PHYSICAL EFFECTS

Children who witness domestic violence are also physically affected by the abuse.

Many children are directly injured in the context of protecting and defending their battered parents. Other children are physically injured inadvertently by thrown objects. Many children also experience physical effects related to a lack of basic resources and poor living conditions due to abusers' manipulation of family finances, resulting in neglect and maltreatment.

Child observers may suffer from a host of physical ailments including headaches, stomach problems, skin disorders, asthma and colds. In one study, it was reported that more than half of the infants who were exposed to domestic violence had health problems, including weight and eating problems (15%), and sleep problems or reduced responsiveness were found for nearly twenty percent (20%).²² Additionally, increases in sleep disorders, abdominal distress, headaches and backaches, and obesity were found to be physical consequences of family violence.²³

²² Layzer, J.I, Goodson, B.D. & deLange, C. (1986). Children in shelters. *Response*, 9, 2-5.

²³ Moeller, T.P., Bachmann, G.A. & Moeller, J.R. (1993). The combined effects of physical, sexual and emotional abuse during childhood: Long-term health consequences for women. *Child Abuse and Neglect*, 17(5), 623-640. Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99, 6-76.

Children's access to healthcare and medicines may be compromised which is particularly problematic in that many child observers suffer from overall poor health and malnutrition due to living conditions created by domestic violence (and may in greater need for supportive health care measures).

Child observers can be both primary victims of intentional physical, emotional and/or sexual child abuse and victims of violence directed at and intended for adults. Child abuse often coexists in families experiencing domestic violence. Children who witness domestic violence have an increased likelihood of being the target of child abuse²⁴, estimating that approximately forty-five percent (45%) to seventy percent (70%) of children exposed to marital violence are also victims of physical child abuse²⁵. Additionally, child observers are also at risk for sexual abuse and are twelve to fourteen times more likely to experience sexual abuse by the mother's partner as well as seven times more likely to report sexual abuse occurring outside the home²⁶. A large-scale, national survey found that approximately fifty percent (50%) of the men who frequently assaulted their wives also frequently abused their children.²⁷ And, in homes where partner abuse occurs, children are 1,500 times more likely to be abused.²⁸

²⁴ Wolfe, D.A., Jaffe, P., Wilson, S.K., & Zak, L. (1985) Children of Battered Women.

²⁵ Layzer, J.I., Goodson, B.D. & deLange, C. (1986). Children in shelters. *Response*, 9, 2-5.

²⁶ McCloskey, L.A., Figueredo, A.J. & Koss, M.P. (1995). The effects of systemic family violence on children's mental health. *Child Development*, 66, 1239-1261.

²⁷ Straus, Murray A. and Gelles, Richard J., *Physical Violence in American Families*, 1990.

²⁸ Department of Justice, Bureau of Justice Assistance, *Family Violence: Interventions in the Justice System*, 1993.

Children who observe incidents of domestic violence are often injured when attempting to protect their battered parents; in one study, sixty-two percent (62%) of sons fourteen years old and older were injured when they attempted to protect their mothers from attacks by abusive male partners.²⁹ Children are often injured by thrown objects and violence intended for adult victims. Sometimes, children are fatally injured. In a Florida study of all domestic violence homicides during a one-year period, twenty-seven percent (27%) of domestic violence homicide victims were children.³⁰

In domestic violence homes, money typically spent on diapers, formula, medications, health care, nutritional food and school supplies may not be allocated by the batterer. Basic needs such as housing, utilities and clothing may be compromised resulting in unhealthy, harmful living conditions. Thus, children suffer physically from the abuser's control over the family finances as well as from injuries received as a result of direct physical abuse and violence.



²⁹ Roy, Maria. Children in the Crossfire. 1988.

³⁰ Florida Governor's Task Force on Domestic and Sexual Violence, Florida Mortality Project, 1997, 45.

PHYSICAL EFFECTS*

Headaches

Stomach Problems

Ulcers
Indigestion
Nausea/vomiting
Diarrhea
Constipation

Injuries

Bruises
Sprained or broken bones
Black eye(s)
Scratches/abrasions
Cuts/wounds
Burn marks/scalding
Gun shot wounds
Internal injuries
Soreness or aching
Teeth knocked out
Hair pulled out
Damage to eyes/ears
Head or neck injuries

Skin Conditions

Acne / Skin Rashes

General Poor Health

More susceptible to colds / common illness
Lethargic and lifeless / May exhibit "failure to thrive" symptoms
Poor nutrition / malnourishment
Fatigue
Allergies

*These symptoms are not separately indicative of exposure to domestic violence but, when combined, may create cause for concern.

INDIVIDUAL FACTORS WHICH MAY INFLUENCE THE DEGREE OF TRAUMATIZATION

Children are at great risk for physical injury as a result of living with domestic violence. They are also at risk of being emotionally and psychologically traumatized. Individual characteristics and factors may influence 1) whether children are exposed to violence, (2) the type and severity of violence children are exposed to, (3) the impact of witnessing domestic violence, and (4) the outcomes of the impact. Some factors which may affect the extent to which children are impacted by witnessing domestic violence are as follows:

Age

A child's age may influence how s/he is impacted by witnessing violence between her/his parents, as well as how s/he exhibits or demonstrates the effect. For instance, a seven year-old child may witness a domestic violence altercation and, as a result of poor problem solving skills developed from exposure to previous family conflict, may act aggressively with a peer. In other words, the child may have been impacted each time s/he witnessed the conflict, but expressed this differently given her/his age (e.g. would have an opportunity to act out with peers at 7 whereas s/he was not exposed to peers at age 3). Researchers have reported an inverse relationship between age and marital violence.³¹, suggesting

³¹ Sutor, J.J., Pillemer, K., & Straus. M.A. (1990). Marital violence in a life course perspective. In M.A. Straus & R.J. Gelles (Eds), *Physical violence in American families* (pp.305-320). New Brunswick, NJ: Transaction.

that children who are younger may be at a higher risk of being exposed to more severe forms of violence. As noted in one study, it is suggested that during the early stages of marriage, when young children are more likely to be in the home, rates of marital violence are particularly high.³² Young children may be exposed to violence and at risk of being injured by thrown objects because of undeveloped reflexes and/or due to their being closer to the violence (younger children are more likely to be held by a battered parent thereby increasing the risk of injury during the parent's assault). "Although the evidence is clearer for child abuse, exposure to marital violence has been shown to occur at critical developmental phases",³³ regardless of exact age. It is suggested that children may experience violence during certain developmental stages in which children naturally seek independence from their caretakers; it is during these stages in particular when children may reject parents' attitudes, ideas and behaviors or challenge the power and control dynamics within the family. Although there is evidence to suggest that a child observer's level of adjustment is affected by the child's developmental stage and the child's experiences with abuse, no clear patterns specify effects for specific ages.³⁴

Nevertheless, some general effects of exposure to domestic violence for varying age groups are listed as follows:

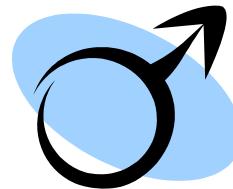
³² Fantuzzo, J.W. & Lindquist, C.V. (1989). The effects of observing conjugal violence on children: A review and analysis of research methodology. *Journal of Family Violence*, 4, 77-93.

³³ Margolin, Gayla, "Effects of Family and Community Violence on Children".

³⁴ Hughes, H.M., Parkison, D., & Vargo, M. (1989). Witnessing spouse abuse and experiencing physical abuse: A "double whammy?" *Journal of Family Violence*, 4, 197-210.

Gender

There is debate as to whether a child's gender influences how s/he is affected by exposure to domestic violence. Some research suggests that there are no differences between boys and girls³⁵. Still other researchers have found similar effects for boys and girls with respect to social competence and internalizing behaviors³⁶. There is also debate as to whether boys or girls are more or less likely to be exposed to domestic violence. Some data suggests that girls are more shielded from family violence than boys³⁷ while other data suggests that boys and girls are exposed to similar levels of marital violence.³⁸; still, another suggestion is that girls are typically not afforded the same freedom as boys in homes where domestic violence occurs, placing girls in the home more frequently when assaults occur.



³⁵ Fantuzzo, J.W., DePaola, L.M., et al (1991). Effects of interparental violence on the psychological adjustment and competencies of young children. *Journal of Consulting and Clinical Psychology*, 59, 258-265.

³⁶ Jaffe, P.G., Wolfe, D.A., Wilson, S.K. & Zak, L. (1986). Family violence and child adjustment: A comparative analysis of girls' and boys' behavioral symptoms. *American Journal of Psychiatry*, 143, 74-76.

³⁷ Emery, R.E. (1982). Interparental conflict and the children of discord and divorce. *Psychological Bulletin*, 92, 310-330.

³⁸ O'Keeffe, M. (1994). Linking marital violence, mother-child/father-child aggression, and child behavioral problems. *Journal of Family Violence*, 9, 63-78.

Researchers have also reported significant findings for boys (i.e. that they are affected) and insignificant findings for girls. The boys in the study showed significantly higher levels of aggression³⁹, more externalizing behaviors⁴⁰, and total behavior problems.⁴¹ Additionally, seventy-five percent (75%) of boys who witness parental abuse have demonstrable behavioral problems.⁴² For girls, exposure to domestic violence has been linked with less empathy than boys⁴³, more anxiety⁴⁴ and more internalizing problems overall.⁴⁵ Although inconclusive, a significant amount of research suggests that boys may be more likely to externalize the effects of observing domestic violence while girls may be more likely to internalize.

³⁹ Dumas, D., Margolin, G. & John, R.S. (1994). The intergenerational transmission of aggression across three generations. *Journal of Family Violence*, 9, 157-175.

⁴⁰ Jaffe, P.G., Wolfe, D.A., Wilson, S., & Zak, L. (1986). Family violence and child adjustment: A comparative analysis of girls' and boys' behavioral symptoms. *American Journal of Psychiatry*, 143, 74-76.

⁴¹ Wolfe, D.A., Jaffe, P.G., Wilson, S.K. & Zak, L. (1985). Children of battered women: The relation of child behavior to family violence and maternal stress. *Journal of Consulting and Clinical Psychology*, 53, 657-665.

⁴² Jaffe, P.G., S. Wilson and D. Wolfe (1986). "Promoting Changes in Attitudes and Understanding of Conflict Resolution Among Child Witnesses of Family Violence." *Canadian Journal of Behavioral Science Review*, XVIII(4), pp. 356-366.

⁴³ Hinchey, F.S., & Gavelek, J.R. (1982). Sixty battered women. *Victimology*, 2, 460-470.

⁴⁴ Hughes, H.M. & Barad, S.J. (1983). Psychological functioning of children in battered women's shelters: A preliminary investigation. *American Journal of Orthopsychiatry*, 53, 525-531.

⁴⁵ Holden, G.W. & Ritchie, K.L. (1991). Linking extreme marital discord, child rearing, and child behavior problems: Evidence from battered women. *Child Development*, 62, 311-327.

The following behaviors are examples of externalization and internalization that may be closely associated with gender but not in all cases.

EXTERNALIZATION

Child may be more aggressive or violent towards others

Child may seek "active" solutions to problems
(do not consider "ignoring" or "walking away" as solutions)

Child may project feelings and blame on others
(identify outside influence/factor as causal - blame others)

Child may be involved in delinquent behaviors
(may have extended privileges and less supervision)

Child may identify and express feelings of anger only
(may believe that feelings of "fear" and "sadness" indicate weakness)

Child may be expected to play certain roles in family and in society
(may believe it is his job to intervene, to protect siblings, to be in control)

INTERNALIZATION

Child may be more passive or abusive toward self
(may direct abuse toward self - self mutilation, eating disorder, suicide)

Child may become withdrawn or reclusive

Child may blame self
(may believe s/he caused the abuse or deserved it)

Child may turn to drugs and/or alcohol
(may feel this is only means of coping or escaping/false sense of control)

Child may identify feelings of sadness and guilt
(may suppress feelings of anger which manifest as depression or anxiety)

Child may be expected to play certain roles in family and society
(may believe it is her/his job to take care of parents and siblings /
may be a perfectionist/has to take on adult roles-no longer allowed to be child)

Child may have limited privileges or have to meet different expectations

Physical/Mental/Psychological Limitations

Child observers who have mental health issues, have physical disabilities, and/or are mentally impaired may be at greater risk of being targets of abuse, correlating with the number of child abuse victims who also witness domestic violence. While the disabilities do not cause a child to be abused, certain limitations or special needs may render a child observer with disabilities more vulnerable. Girls with any kind of disability are almost twice as likely to be sexually abused as are non-disabled children and one study of abused children found that more than half (53.4%) of deaf girls had been sexually abused.⁴⁶ In a study of ninety-three female psychiatric emergency room patients, fifty-three percent (53%) reported childhood sexual abuse and forty-two percent (42%) reported physical abuse, being "...the most powerful predictor of later psychiatric symptoms and disorders".⁴⁷ Additional barriers may exist for child observers with physical and mental disabilities as they may be less capable of removing themselves from the area in which the violent altercation occurs.

⁴⁶ J. Petersilia, "Report to the California Senate Public Safety Committee Hearings on Persons with Developmental Disabilities in the Criminal Justice System," 1998, Irvine, CA; M. Elder, "Deaf Survivors of Sexual Abuse: A Look at the Issues," *Moving Forward News Journal* 2, no. 5, 1993.

⁴⁷ J. Briere, et al. "Lifetime Victimization History, Demographics, and Clinical Status in Female Psychiatric Emergency Room Patients," *Journal of Nervous and Mental Disease* 185, no. 2, 1997, pp.95-101.

Additionally, children with special needs may experience difficulty in soliciting emergency assistance. Reports exist of 911 operators hanging up on TTY calls from deaf (victims).⁴⁸ Additionally, the judicial, law enforcement and social services communities may not be equipped to offer the specialized intervention and support services that differently-abled child witnesses may need, contributing to further victimization. Neglect and maltreatment as a result of domestic violence may especially impact children with special needs for specific medication, health care equipment and/or access to emergency medical intervention.



Individual Traits

Although research has not examined whether children who have higher or lower IQs may be impacted by domestic violence at higher or lower degrees, children's

⁴⁸ Berkeley Planning Associates, Meeting the Needs of Women with Disabilities.

reasoning abilities and problem solving skills may influence their ability to identify appropriate safety measures and means of seeking help.

Children exposed to domestic violence have been found to exhibit fewer interests and social activities and lower school performance.⁴⁹ Children who excel academically, socially, athletically or artistically may be involved in activities that remove them from their homes potentially reducing the amount of time they may be exposed to domestic violence.

It is important to note that while many individual traits and characteristics of child observers influence the degree to which they are affected by witnessing domestic violence, individual children employ markedly different coping strategies, some of which are healthy, in responding to the abuse. Some children engage in behaviors that help minimize the negative effects of exposure to domestic violence, contributing to their ability to excel regardless of their circumstances.

⁴⁹ Wolfe, D.A., Zak, L., Wilson, S., & Jaffe, P. (1986). Child witnesses to violence between parents: Critical issues in behavioral and social adjustment *Journal of Abnormal Child Psychology*, 14 (1), 95-104.

SITUATIONAL FACTORS WHICH MAY INFLUENCE THE DEGREE OF TRAUMATIZATION

The degree to which child observers are impacted by witnessing domestic violence is not only influenced by their individual characteristics, but also by factors related to the environment and circumstances in which the violence occurs. Some of the environmental factors that influence the degree to which child observers are traumatized may include the following:

Severity and Chronicity of Violence

The degree to which children are traumatized by witnessing violence may be influenced by the severity of the violence to which they are exposed. "Equally important is knowing the length of time that the child has been exposed to violence..."⁵⁰. Although few studies have determined whether the extent of a child's problems is related to whether the violence witnessed was severe, some researchers report that the immediate impact of children's exposure to domestic violence can be "traumatic (resulting in) fear for self, fear for their mother's safety and self-blame."⁵¹

Children often witness severe forms of violence perpetrated against their mothers. The physical violence witnessed can range from pushing and shoving to homicide and suicide. A survey of New Orleans school aged children revealed

⁵⁰ Margolin, Gayla, "Effects of Family and Community Violence on Children"

⁵¹ Adele Harrell, National Council on Juvenile and Family Court Judges, "A Guide to Research on Family Violence", 28 (1993).

over ninety percent (90%) had witnessed a violent act in person, seventy percent (70%) had seen weapons used, and forty percent (40%) had seen a dead body.⁵² This is significant, as community violence has shown strong relationships with intrafamilial violence.⁵³

Additionally, the Boston City AWAKE Program was designed and implemented to offer therapeutic counseling to children exposed to violence; although the original intent of the program was to provide services to children exposed to various types of violence (e.g. gang violence, community violence, school violence and violence in the home), the program found that the majority of children served by the program received services for their exposure to domestic violence.

Do abusers consider whether children are present when assaulting their intimate partners? In one study, it is suggested that "there were no significant differences in the characteristics of the abusive incidents between those where children were witnesses to the incident and those where they were not." For example, women with children were no less (or more) likely to be slapped,

⁵² Osofky, J., Wewer, S., Hann, D.M. & Fick, A.C., "Can They Feel Safe Again: The Impact of Community Violence on Infants, Toddlers, Their Parents and Practitioners: Zero to Three" Arlington, VA: National Center for Clinical Infant Programs (1992).

⁵³ Bell, C.C., & Jenkins, E.J. (1993). Community violence and children on Chicago's southside. In D. Reiss, J.E. Richters, M. Radke-Yarrow, & D. Scharff (Eds.), *Children and violence* (pp.46-54). New York: Guilford Press.

kicked, hit, choked, threatened with a gun, or beaten when children were present and observed the violence."⁵⁴

In terms of the degree of injury to the adult victim, that same study found that ... "from...being bruised - where approximately one half of women report this type of injury, to being cut with a knife - children did not have a significant impact on the injury-level sustained." In other words, children were just as likely to witness comparatively minor forms of physical violence in comparison with more severe forms.

In conclusion, "... (the presence of) children did not alter the nature or severity of incidents as measured by specific acts of aggression or violence." Abusers simply did not consider whether children were witnessing the violence in determining whether to be violent towards their intimate partners and whether the violence they utilized was severe, causing serious injury. Children exhibit symptoms of witnessing domestic violence almost immediately after witnessing it⁵⁵ and this should be considered in developing appropriate and effective interventions for victims and their children.

⁵⁴ Hutchinson, I. & Hirschel, D. "The Effects of Children's Presence on Woman Abuse", *Violence and Victims*, Vol. 16, No. 1 (2001): Springer Publishing Company.

⁵⁵ Pagelow, Mildred. "Effects of Domestic Violence on Children and The Consequences of Custody and Visitation Agreements". *Mediation Quarterly* 7, pp. 347-363 (1990).; Jaffe, Peter G. "Children of Battered Women". (1994)

Frequency and Longevity of Exposure

The frequency and length of time a child is exposed to domestic violence may impact the degree to which s/he is traumatized. According to one study of 906 children in domestic violence shelters, almost half of their mothers had been abused for more than five years, weekly or more frequently.⁵⁶ "Over a longer period of time, the child's exposure to violence may lead to later violence on the part of the child...as well as to other serious emotional and behavioral problems."⁵⁷ Children who have been exposed to violence more frequently over longer periods of time may experience the following:

The child may constantly anticipate the next violent episode

Because children are confused by the violence and abuse they witness, they may feel anxious and constantly fear future violence. The abuser's behavior may be unpredictable and children may feel "caught off guard" when violent incidents occur after relatively "calm" periods of time. Children may feel helpless to stop the violence and may avoid going home, choosing to stay away from home and refusing to take friends to their house. Domestic violence creates instability and child observers may learn over time that their efforts to avoid the violence are ultimately unproductive.

⁵⁶ Layzer, J., Goodson, B., & de Lange, C. (1986, March – April). Children in shelters. *Children Today*, 5-11.

⁵⁷ Kalmuss, D. "The Intergenerational Transmission of Marital Aggression." *Journal of Marriage and the Family*, XLVI, pp.11-19, (1984).

The child may resort to the use of violence against the abusive parent

When children are exposed to violence for longer periods of time and may have observed ineffective intervention by law enforcement and the judicial system, they may feel abandoned and left to defend themselves. When some children are exposed to domestic violence, they may resort to the use of violence against the abusive parent in an effort to stop the abuse. Many factors may contribute to child observers' decisions to violently retaliate against the abuser in an attempt to protect the battered parent. Some juveniles who commit homicide killed their mothers' batterers in an attempt to intervene or in an attempt to retaliate against the batterers for past abuse and violence. Additionally, child observers may utilize violence in self-defense against a domestic violence offender who is also a child abuser. The factors influencing child observers' use of fatal violence may be similar to battered women's decisions to kill their abusers. Some of the factors may include severe isolation, a history of severe physical and sexual abuse, feelings of hopelessness and desperation, the inability of the legal and law enforcement systems to stop the abuse, fear that s/he would die at the hands of the abuser and ineffective attempts to leave the abuser (i.e. the abuser finds her/him and forces her/him to return). Additionally, child observers may not have access to information about available services or the resources to seek such services (i.e. do not have access to a car, do not have a driver's license, do not have money for public transportation, etc.).

The child may become desensitized or apathetic

When children have been exposed to violence for long periods of time without significant consequence or a reduction in the abuse, they may become desensitized to violence and abuse perpetrated against the battered parent and themselves. Child witnesses may minimize the seriousness of injury, may not completely understand the long-term effects of abuse and/or may have become resigned to accept the inevitable.

In a Boston City Hospital study, one in every ten children had witnessed a shooting or stabbing by age six.⁵⁸

The child may begin to blame the battered parent

Child observers may even begin to blame the battered parents and direct their frustration and anger towards the adult victims. Research suggests that when children are repeatedly exposed to marital conflict and violence, they become more reactive. In a recent model, children's feelings of emotional insecurity were increased (possibly impairing their capacity to regulate their emotions, potentially resulting in increased behavioral reactivity) due to repeated exposure to marital conflict.⁵⁹

⁵⁸ Taylor, L., Zuckerman, B., Harik, V. and Grovers, B. "Exposure to Violence Among Inner City Parents and Young Children" ADJC, 146: 487 (1992)

⁵⁹ Davies, P.T., & Cummings, E.M. (1994). Marital conflict and child adjustment: An emotional security hypothesis. *Psychological Bulletin*, 116, 387-411.

Family Dynamics

Experts have compared the responses of child observers to those of children of alcoholics or children of war.⁶⁰ Specifically, comparisons have been made regarding the types of roles children play in homes with domestic violence and homes with substance abuse. In an effort to survive and achieve some level of stability and sense of control, children living in homes with domestic violence often adapt by assuming specific roles in the family. Some of the various roles are as follows:

Caretaker: This child is typically the older child, possibly female who takes care of the abused parent, the abusive parent and other siblings. This child matures quickly and often assumes adult responsibilities. The caretaker child may make adult decisions and may serve as a surrogate parent or authority figure to younger siblings. Unfortunately, these children typically "grow up too fast" and often "lose their childhood."

Protector/Hero: This child is typically an older male. He may defend or protect the battered parent. This child may intervene in violent altercations while feeling helpless to stop the abuse. These children often feel like failures

⁶⁰ Jaffe, Peter G. "Children of Battered Women". (1994)

and may turn to escapist behaviors (drugs, alcohol, gangs, non-violent juvenile delinquent behaviors such as truancy and running away, etc.).

Attention Seeker/"Scape Goat": This child seeks attention as a means of attaining a sense of control over the situation or as a measure to disclose the abuse. They may exhibit problem behaviors, may have poor boundaries and may take a lot of risks. Additionally, these children are frequently identified as "problem children" and may be used as a "scape goat" for problems at home. This child may be at an increased risk of being the victim of child abuse. Attention seekers may also seek positive attention by becoming "perfectionists," attempting to please others. These children are often "crying out" for help.

Abuser: This child is typically an older male. He may be aggressive and abusive towards younger siblings or the battered parent. This child may model abusive and violent behaviors in dating relationships and may engage in violent juvenile delinquency, committing physical and sexual assaults. These children may adopt the position of "head of the household" if the abuser is removed from the home.

Other Roles: Children may also take on one of several different roles within the household including "the lonely child" who chooses to be alone and is isolated within the household, "the clown" who tries to break the tension, making

everyone laugh, or "the hero" who can do no wrong and is often an overachiever who may be favored by the abuser.⁶¹

Direct Victimization

Increasingly, data is being collected regarding the coexistence of domestic violence and child abuse/maltreatment. Estimates of an overlap between partner abuse and child abuse range from 30% to 60%.⁶² Families in which women are subjected to violence experience a rate of child abuse that is double that of families in which there is no violence.⁶³ And, data suggests that in the population of abused and neglected children, eleven percent (11%) to forty-five percent (45%) will have mothers who are being abused.⁶⁴ The coexistence of domestic violence and child abuse/maltreatment is particularly harmful since statistics suggest that the more types of violence children are exposed to, the less well adjusted they will be.⁶⁵ Children who are exposed to the battering of their mothers suffer the same harm and display the same symptoms as children who are actually abused, including the symptoms of post traumatic stress disorder.⁶⁶ There is consensus that "...it appears that children who are both

⁶¹ Sunburst Communications, Real People: Violence in the Family, 1997.

⁶² Hughes, H.M. (1988). Psychological and behavioral correlates of family violence in child witnesses and victims. *American Journal of Orthopsychiatry*, 58 (1), 77-90. And O'keefe, M. (1995). Predictors of child abuse in maritally violent families. *Journal of Interpersonal Violence*, 10 (1), 3-25.

⁶³ Straus, M.A., Gelles, R.J., & Steinmetz, S.K. (1980 (1983)). *Behind closed doors: Violence in the American Family*. Garden City, NY: Anchor.

⁶⁴ Coohey, C. (1996). Child maltreatment: Testing the social isolation hypothesis. *Child Abuse and Neglect*, 20, 241-254.

⁶⁵ Hughes, Honore M. (August 1992) "Impact of Spouse Abuse on Children of Battered Women: Implications for Practice". *Violence Update*, 8-11.

⁶⁶ *Children of Battered Women*, pp. 71-73; *Ending the Cycle*, pp.29-32 and 172-173.

witnesses of their fathers' violence toward their mothers and victims of child abuse experience the most profound adverse effects."⁶⁷

Many of the tactics used by domestic violence perpetrators are similar to those used by child abusers. Both domestic violence offenders and child abusers:

Feel a sense of entitlement, feel justified and blame the victim

Are manipulative

"Groom" their victims

Maintain a good public image

Are selfish, self-centered - goal is self-gratification, power and control

Are exploitative and use other people for their own purposes

Sow divisions within the family and isolate victim from support system

Confuse love with abuse

Threaten the victim (and victim's family, friends, pets, etc.)

Impose secrecy

Claim a loss of control rather than specific exercise of it

Promise to change and may express remorse

Receive societal/cultural support or affirmation

(Leberg, 1997; Groth, 1982; Herman, 1998; Sanford, 1988)

⁶⁷ Children of Domestic Violence: Risks and Remedies, Barbara Hart, Legal Director, PCADV, August 1, 1996).

Child abuse victims are often told that no one will believe them, that there is no one that can help, that they are to blame for the abuse and that if they disclose, something very bad will happen. When these same children see their abusers use these tactics effectively in the commission of domestic violence without meaningful intervention or consequence, the messages are reinforced and the child complies with the abuser's demands. Effective intervention and meaningful consequences not only send a message to the adult victim of domestic violence that the abuser's behavior is unacceptable and punishable, but also sends a message to the children who are witnessing and may be experiencing first-hand violence that help is available and that they are not⁶⁸ responsible for the abuse.

Relationships between Parents and Children

In a study designed to examine the effects of adult's childhood memories of abuse between their parents, the findings suggest that interparental abuse negatively influenced closeness to mothers and fathers.⁶⁹ Although influenced by many factors, parent-child relationships can be significantly impacted when a battered mother's physical, emotional and mental health are adversely affected by domestic violence.⁷⁰ Children, particularly younger ones, rely on their parents

⁶⁸ Sullivan, Cris M., Juras, Jennifer, Bybee, Deborah, Nguyen, Huong, & Allen, Nicole. "How Children's Adjustment is Affected by Their Relationships to Their Mothers' Abusers." *Journal of Interpersonal Violence*, Vol. 15, No. 6, June 2000, pp.587-601.

⁶⁹ Moon, Michelle "Retrospective Reports of Interparental Abuse by Adult Children From Intact Families", *Journal of Interpersonal Violence*, Vol. 15, No. 12, December 2000, pp 1323-1331, 2000 Sage Publications, Inc.

⁷⁰ Wolfe, D.A., Jaffe, P., Wilson, S.K., and Zak, L. (1985). *Children of Battered Women: The Relation of Child Behavior to Family Violence and Maternal Stress*. *Journal of Consulting and Clinical Psychology*, Vol. 53, No. 5, pp. 657-665.

for stability and safety. When these same adults are the perpetrators or the victims of domestic violence, the child does not receive the emotional and psychological support needed. Literature reviews have highlighted how parents experiencing marital discord may argue over child rearing/parenting practices⁷¹, may be emotionally unavailable or may withdraw from their children⁷², or may have a cold, unresponsive parenting style.⁷³ This is particularly troubling in that data suggests that strong parent-child relationships can help mediate negative effects of exposure to domestic violence, and, that in some cases, adolescents' relationships with their mothers, as well as self-esteem, buffered the effects of high interparental conflict.⁷⁴

Resiliency Factors

There is evidence that while many child observers are negatively impacted by witnessing domestic violence, some children may exhibit tremendous resiliency, exhibiting few if any signs of affect. A study published by the American Psychological Association found that sixty percent (60%) of children are not clearly affected by domestic violence after four years.⁷⁵ This figure certainly speaks to the tenacity of many children.

⁷¹ Block, J.H., Block J., & Morrison, A. (1981). Parental agreement-disagreement in child-rearing orientations and gender-related personality correlates in children. *Child Development*, 49, 1163-1173.

⁷² Dickstein, S., & Parke, R. (1988). Social referencing in infancy: A glance at fathers and marriage. *Child Development*, 59, 506-511.

⁷³ Gottman, J.M. & Katz, L. F. (1989). Effects of marital discord on young children's peer interaction and health. *Developmental Psychology*, 25, 373-381.

⁷⁴ Neighbors, B., Forehand, R., & McVicar, D. (1993). Resilient adolescents and interparental conflict. *American Journal of Orthopsychiatry*, 63, 462-471.

⁷⁵ American Psychological Association Presidential Task Force: *Report on Violence and the Family*, 1996.

While some children are not measurably affected, we should continue to recognize how exposure to domestic violence places children at greater risk for a variety of emotional and psychological problems and continue our efforts in recognizing and responding to children living in and affected by domestic violence.

Three categories of protective factors have been identified in the literature: 1) support within the family system, such as a good relationship with one parent or parenting figure, 2) support from outside the family system, such as an adult mentor or community leader, and 3) attributes of the child, such as high intelligence, physical attractiveness, or strong self-esteem.

Identifying protective factors that may mediate or negate the impact of exposure to domestic violence will be particularly helpful in the development, implementation and evaluation of interventions designed to encourage children's resiliency (e.g. unique talents, abilities to establish supportive relationships outside the family, abilities to regulate emotions, and interpretations and beliefs about the violence).

POSSIBLE RESULTS OF WITNESSING DOMESTIC VIOLENCE

Data suggests a strong link between witnessing domestic violence and high rates of juvenile delinquency, drug use, suicide attempts and future adult criminal behavior.

Juvenile Delinquency

A comparison of delinquent and nondelinquent youth found that a history of family violence or abuse was the most significant difference between the two groups.⁷⁶ Additionally, abused children are arrested by the police four times more often than non-abused children.⁷⁷ High rates of experiencing parental violence as children have been found in samples of violent youth and juveniles charged with homicide.⁷⁸ Non-violent delinquent acts involve truancy, vandalism, drug use and running away. Childhood abuse has been associated with teenage runaways with percentages ranging from 28% to 78%⁷⁹. It is well documented that family problems and abuse/victimization experiences influence youth's initial involvement in drug use and their delinquent behavior.

⁷⁶ Miller, G. (1989). "Violence by and against America's Children." *Journal of Juvenile Justice Digest*, XVII(12), p.6.

⁷⁷ Gelles, R. and M.A. Straus. (1988). *Intimate Violence*. New York: Simon and Schuster.

⁷⁸ Faga, J. & Wexler, S. (1987). Family origins of violent delinquents. *Criminology*, 25, 643-669. Sorrells, J. M. (1977). Kids who kill. *Crime and Delinquency*, 23, 312-320.

⁷⁹ Lourie, I.S., Campiglia, P., James, L.R., & Dewitt, Jr. (1979). Adolescent abuse and neglect: The role of runaway youth programs. *Children Today*, 8, 27-40. Farber, E.D., Kinast, C., McCoard, W.D. & Falkner, D. (1984). Violence in families of adolescent runaways. *Child Abuse and Neglect*, 14(3), 227-231.

In one study of children exposed to domestic violence, 53% acted out with parents, 60% with siblings, 30% with peers and 33% with teachers; 16% had also appeared in juvenile court, 20% were labeled "truant", and 58% were below average or failing in schools.⁸⁰

Generational Cycle of Violence

Some research suggests that there is a "cycle of violence" in which there is an intergenerational transmission of violence to children who are exposed to domestic violence. In one study, men who reported their fathers hit their mothers were significantly more likely to approve of violence against women than men from nonviolent homes.⁸¹ Additionally, it is reported that sons of parents who engaged in violence were three times more likely to have hit their wives during a 12 month period and that sons of the most severely violent parents reported wife abuse rates 1000% greater than those of sons from homes without parental violence.⁸²

⁸⁰ Pfouts, J.H., Schopler, J.H. & Henley, H.C. (1982). Deviant behaviors of child victims and bystanders in violent families. In R.J. Hunner & Y.E. Walker (Eds.), *Exploring the relationship between child abuse and delinquency* (pp.79-99). Montclair, NJ: Allenheld Osmun.

⁸¹ Ulbrich, P., & Huber, J. (1981, August). Observing parental violence: Distribution and effects. *Journal of Marriage and the Family*, 623-631.

⁸² Straus, M.A., Gelles, R.J., & Steinmetz, S.K. (1980). *Behind closed doors: Violence in the American family*. Garden City, NY: Anchor.

And, for adult offenders on probation, parent-to-parent violence, parent to child violence, and children's witnessing of violence were strongly associated with adult violent offenses.⁸³ There is data that suggests that perpetrators of dating violence have histories of observing and/or experiencing abuse in their families. And, in a recent study, men who were physically or sexually abused as children or who witnessed their mothers being abused were more likely to father a child with a teen mother; compared with men reporting no abuse, the risk of involvement in teen pregnancy increased by 140 percent for men who witnessed domestic violence while growing up.⁸⁴

Effective Interventions

The types of interventions and the environments in which they are offered vary according to the needs of the child, the resources and focus of the service providers, and the goal or objective of the intervention. Shelter or residential programs for child observers address the short term and long term effects of domestic violence on children while also addressing transitional issues related to living in an unfamiliar environment. Outreach programs aimed at offering services to child observers through community and school programs may focus on unique needs of children who continue to live in abusive homes.

⁸³ Koski, P.R. (1986). Parent-parent versus parent-child violence for adult offenders. *Free Inquiry in Creative Sociology*, 14 (1), 51-55.

⁸⁴ Anda, Robert F., Felitti, Vincent J., Chapman, Daniel P., Croft, Janet B., Williamson, David F., Santelli, John, Dietz, Patrici M., Marks, James S. "Abused Boys, Battered Mothers, and Male Involvement in Teen Pregnancy". *Pediatrics*, Vo. 107, No. 2 (February 2001).

Other children may need short-term psychological or mental health interventions to deal with severe traumatization or special needs.

According to the American Bar Association, programs for child observers should include the following:

- 1) describing and defining domestic violence,
- 2) helping children understand that they did not cause the violence,
- 3) enabling children to grieve the losses resulting from the violence,
- 4) teaching them empowerment strategies for preserving their safety,
- and
- 5) showing them nonviolent methods for resolving their own conflicts.

It is important that interventions be child-focused and tailored to meet the needs of child observers specifically. The needs of the child observers should supersede the needs of the agency (e.g. a child may need to receive services at the domestic violence program rather than in school to provide confidentiality and safety).

Interventions should be age, gender and culturally appropriate and possibly specific; group exercises should be designed to accommodate a variety of learning styles and include accommodations for persons with physical, cognitive, psychological and/or emotional disabilities. Additionally, certain themes may be more appropriately stressed in certain groups according to gender (e.g. a group exercise may be designed to bolster self-esteem and address depression in

young girls while incorporating materials for boys to enhance their empathy and encourage healthy expressions of anger). Also, certain activities may be designed to incorporate culturally diverse images, themes, customs and beliefs (e.g. group exercises may be designed to examine the ways in which "families" are defined in different cultures and to identify resources specific to certain communities).

- ❖ Describe what domestic violence is: children should be able to talk about their experiences with violence and the types abuse that occur in the context of domestic violence; this includes a discussion about feelings, including discussions about "blame" versus "responsibility" and "accountability."
- ❖ Help children understand that they did not cause the violence: children often blame themselves for either causing the abuse or at least not being able to stop it; they need to be taught that they are responsible for their own feelings, thoughts and actions...not those of another.
- ❖ Enable them to grieve the losses resulting from such violence: depending on the types of services being offered as well as the location in which children receive services, various "losses" may be experienced by children including loss of home, loss of neighborhood, loss of school and neighborhood friends, loss of pets, loss of personal items, loss of battering parent, loss of dream of "perfect family", loss of privacy, loss of battering parent's family

(grandparents, aunts, uncles, cousins, etc.) Often, adult victims and children are required to spend all of their time and emotional energy on escaping the violence and maintaining their physical safety and well-being; because of this, many children have not had an opportunity to talk about their feelings of sadness and disappointment - programs should provide a safe place for children to begin the grieving process.

- ❖ Teach them empowerment strategies for preserving their safety: safety planning should be a key component of any intervention and incorporated into every educational lesson plan or counseling session. Safety plans should consider whether children continue to live with the abuser, whether the children's visitation with the batterer is supervised and the resources that are available to them in utilizing a safety plan (e.g. does child have a telephone to call for help?). Additionally, children's safety plans should complement the battered parents' safety plans; otherwise, children's safety plans may be ineffective and may conflict with the adult victims' plans (e.g. adult victim's safety plan includes getting the children out of the house while children's safety plans include hiding in the bedroom). Providing physical and emotional safety for child observers is a critical "first step" because children cannot focus on feelings and conflict resolution methods while fearing for their lives and the lives of their family members.

- ❖ Show them nonviolent methods of resolving their own conflicts: some children will use violence as their only means of resolving conflict because they have learned no other method. Additionally, some children avoid interaction altogether, withdrawing in an effort to avoid conflict totally. Children should be taught productive methods of compromise and negotiation and encouraged to utilize healthy coping methods such as the use of drawing, writing, singing, physical activity, etc.



RESOURCES

For additional information about domestic violence, it is recommended that you utilize the following resources:

The American Bar Association

www.abanet.org/domviol/home.html

The Family Violence Prevention Fund

www.fvpf.org

The National Coalition Against Domestic Violence

www.ncadv.org

The National Council of Juvenile and Family Court Judges

www.ncjfcj.unr.edu

The Office of Justice Programs

www.ojp.usdoj.gov/vawo/

US Department of Justice: Bureau of Justice Statistics

www.ojp.usdoj.gov/bjs/

Office of Juvenile Justice and Delinquency Prevention

www.ojjdp.usdoj.gov

The North Carolina Coalition Against Domestic Violence

www.nccadv.org

The North Carolina Council for Women and Domestic Violence Commission

www.doa.state.nc.us/cfw/cfw.htm

Texas Council on Family Violence: (512) 794-1133

Pennsylvania Coalition Against Domestic Violence (800) 932-4632

National Resource Center on Domestic Violence (800) 537-2238